

Commercial Lease Application

TimePayment
The better way to sell.

MedicalDepartmentStore.com

Phone: 866-218-0902 Fax: 941-488-0011

DEALER NAME (Equipment Supplier)	DEALER CODE
DEALER REFERENCE #	

* = denotes required fields

LESSEE INFORMATION (Equipment User)

* LEGAL BUSINESS NAME _____

DBA NAME _____

* STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ *YEARS IN BUSINESS _____

FEDERAL ID NUMBER _____ (required for business alone)

*TYPE OF BUSINESS:

CORPORATION PROPRIETORSHIP PARTNERSHIP

BILLING ADDRESS (if different):

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

INITIAL FUNDING INFORMATION

*EQUIPMENT TYPE:

*FILL IN ONE OF THE FOLLOWING FIELDS:

Base Monthly Paymt: \$ _____ for _____ Months (Term)

OR Total Funded Amount: \$ _____

DEALER INFORMATION (Equipment Provider)

DEALER OFFICE: _____ SALESPERSON: _____

*GUARANTOR INFORMATION (Include all owners to account for 100% of company ownership unless Business Alone)

GUARANTOR INFORMATION 1

SIGNER #1 NAME _____ STREET ADDRESS _____

SS # _____ DATE OF BIRTH _____

HOME PHONE _____ TITLE _____ CITY _____ STATE _____ ZIP _____

GUARANTOR INFORMATION 2

SIGNER #2 NAME _____ STREET ADDRESS _____

SS # _____ DATE OF BIRTH _____

HOME PHONE _____ TITLE _____ CITY _____ STATE _____ ZIP _____

Applicant represents that this Equipment is being leased for business and/or professional purposes and agrees that under no circumstances shall this Lease be construed as a consumer contract. The undersigned applies for the Lease indicated in this application. Everything stated in this application is correct. TimePayment Corp. may retain the application whether or not the Lease is approved. TimePayment Corp. and its Authorized Affiliates are authorized to check my credit and employment history for the purposes of determining my credit worthiness at the time of my application or thereafter in connection with the same transaction or extension of credit and for the further purpose of reviewing the account, taking collection activity on the account, and skip tracing. TimePayment Corp. and its Authorized Affiliates are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.

*APPLICANT #1	APPLICANT #2
Authorized Signature _____	Authorized Signature _____
_____	(if applicable)
Print Name _____	Print Name _____
Date _____	Date _____